

Name  
in  
Full

## CERTIFICATE OF DEATH

Mamie Buel

Died at Allebome

Town

Hartford

County

MARYLAND

Date

of death

1900 Apr 6

Month

Day

Age

Years

28

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

House Wife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

William Buel

Father's  
Name

George Ellott.

Father's  
Birthplace

Md

Mother's  
Maiden Name

Alice Duff

Mother's  
Birthplace

Md

Name of person giving  
Information

Chas. Buel

How related  
to deceased

Brother in Law

## CAUSES OF DEATH

Primary

Pulmonary phthisis

How long

Six months

Immediate

Exhaustion

How long

About one day

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

A. F. Van Bibber, M.D.

Address

134 Air  
Md.

Accident or Suicide

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Wards

Dear Creek

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Siray Clark.*  
Died at *Whitford* <sup>Town</sup> *Harford.* <sup>County</sup>  
Date of death *1960* <sup>Month</sup> *Apr.* <sup>Day</sup> *10* Age <sup>Years</sup> *1* Month *1* Days  
Sex *Male.* Color or Race *White* Birth-place *Ind.*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

☒ Married, Single ☐ Widowed Name of Wife or Husband \_\_\_\_\_  
Father's Name *Walter Clark* Father's Birthplace *Ind.*  
Mother's Maiden Name *Stella Hughes* Mother's Birthplace *Ind.*  
Name of person giving Information *Walter Clark* How related to deceased *Father*

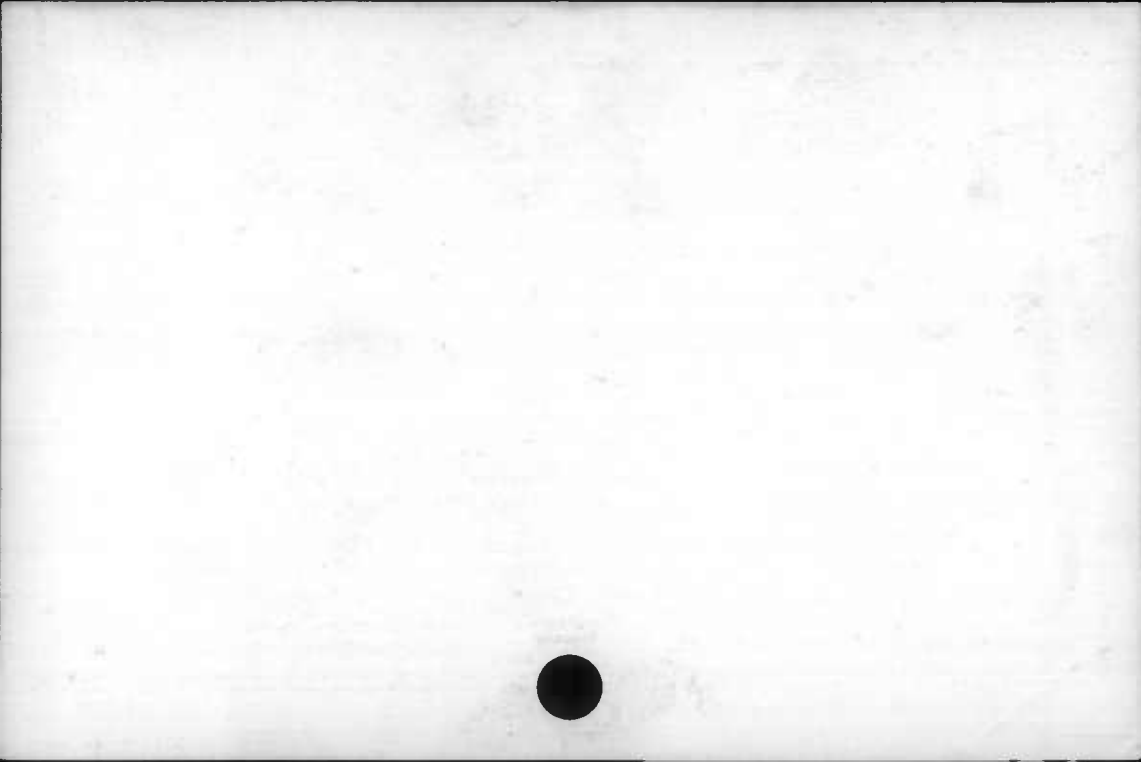
CAUSES OF DEATH

**(92)**

Primary *Pneumonia* How long *One week*

Immediate " " " " " "  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *D. W. E. Arthur*  
Address *Cardiff Ind.*  
Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

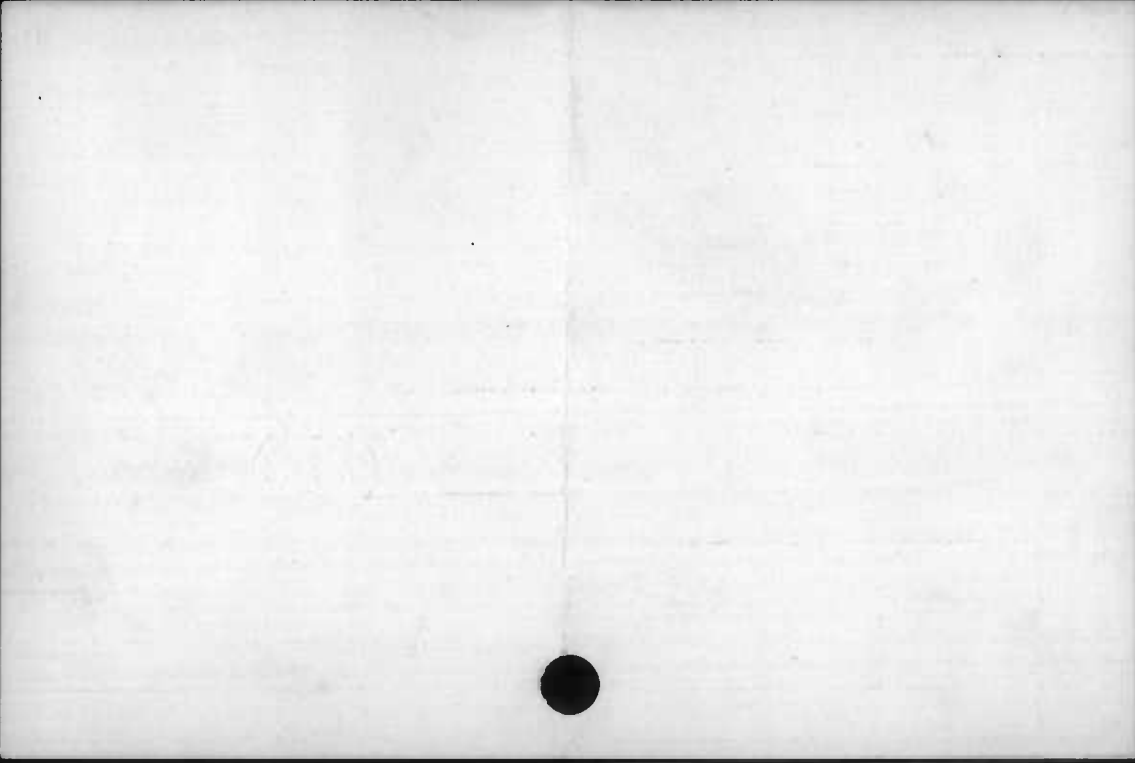
Died at		Town Pinebluff		County Harford		MARYLAND	
Date of death		1900	Month Apr	Day 29	Age —	Months —	Days 7
Sex Male		Color or Race White		Birth-place Maryland			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Albert B. Boutney		Father's Birthplace Maryland					
Mother's Maiden Name Mabel Mitchell		Mother's Birthplace Maryland					
Name of person giving information A B Boutney		How related to deceased Father					

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary	Unknown	How long	
Immediate	Pneumonia	From Mouth or Nose	7 days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. Smith	
		Address Perryman Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

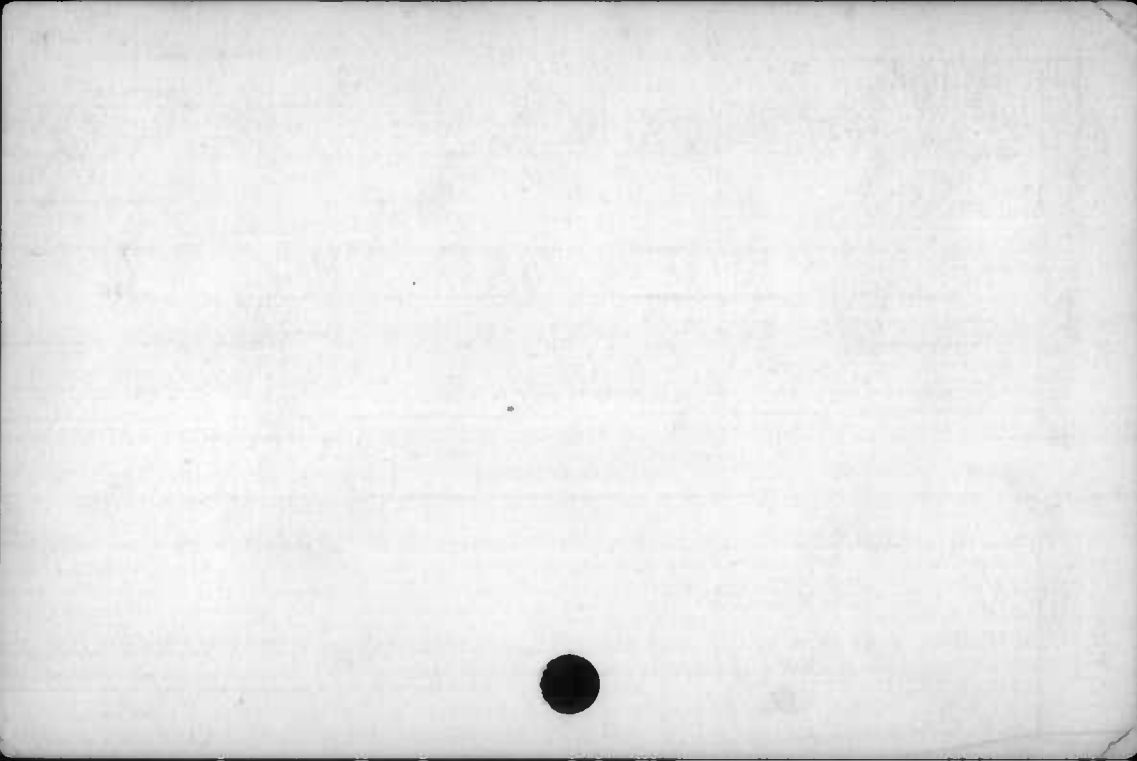
Died at <i>Abingdon</i> <sup>Town</sup>		<i>Hartford</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1910</i>	Month <i>4</i>	Day <i>3rd</i>	Age <i>66</i>	Months <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Abingdon</i>	
Occupation <i>Clark</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John A</i>		Father's Birthplace <i>Hartford</i>			
Mother's Maiden Name <i>Sarah E Cochran</i>		Mother's Birthplace <i>Hartford</i>			
Name of person giving information <i>Miss Kate Cunningham</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Mitral insufficiency</i>	How long <i>30-4 yrs</i>
Immediate	<i>Clot</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. A. Hollingsworth</i>
<i>yes</i>		Address <i>Real air</i>
Accident or Suicide?		





Name  
in  
Full

Peter Galloway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

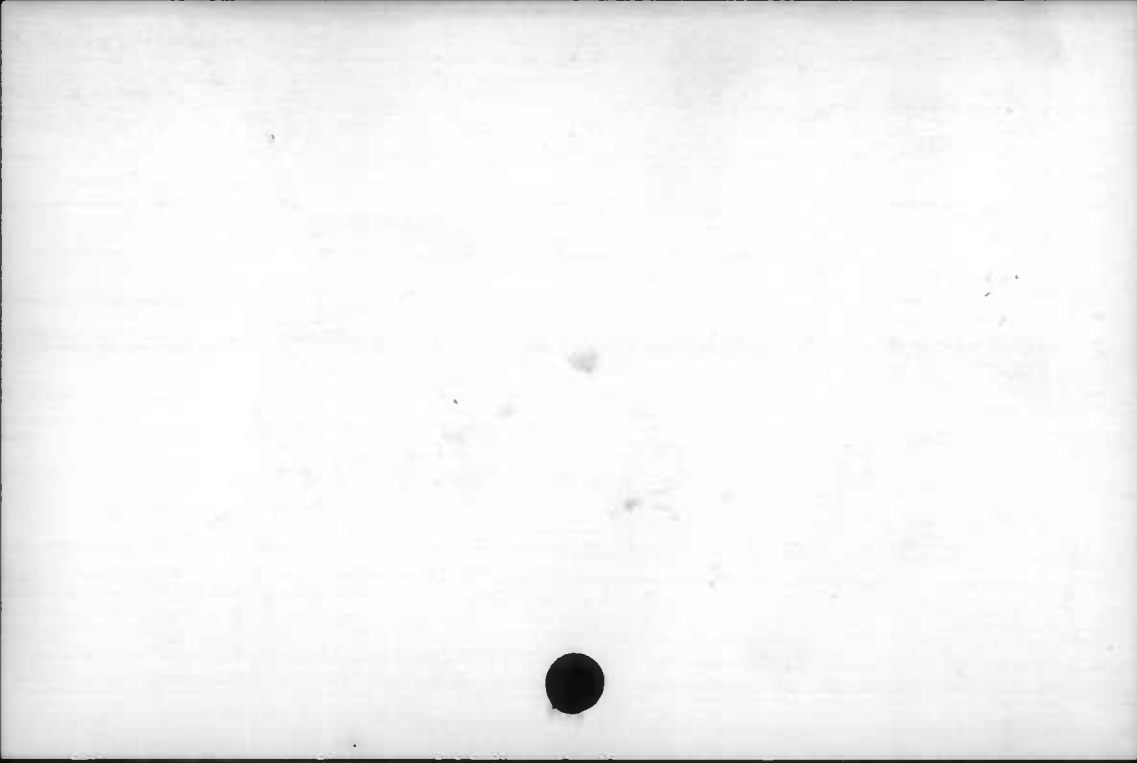
Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death		1960	Month Apr	Day 23	Age 68	Years 7	Months —
Sex male		Color or Race white		Birth- place Havre de Grace			
Occupation Sailor				Where Residing if not et place of death Same			
Married, Single or Widowed		married		Name of Wife or Husband Mary H. Jackson			
Father's Name		John Galloway		Father's Birthplace Havre de Grace			
Mother's Maiden Name		Eliza Osmond		Mother's Birthplace Harford Co. Md			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

93 ✓

PHYSICIAN  
OR CORONER

Primary	Valvular heart disease	How long	2 or 3 years
Immediate	Pneumonia	How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Hopkins	
Address		Havre de Grace	
Accident or Suicide		no	



Name  
in  
Full

Chas Griesbeck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Havre de Grace County Harford

Died at Havre de Grace MARYLAND

Date of death 1960 Month Apr Day 11 Age 5'8 Years — Months — Days —

Sex male Color or Race White Birth-place Germany

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Married Name of Wife or Husband Schmitz Gein

Father's Name John Griesbeck Father's Birthplace Germany

Mother's Maiden Name Julia Mother's Birthplace Germany

Name of person giving Information Theodore Griesbeck How related to deceased Son

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary Cirrhosis of Liver How long 2 to 3 years

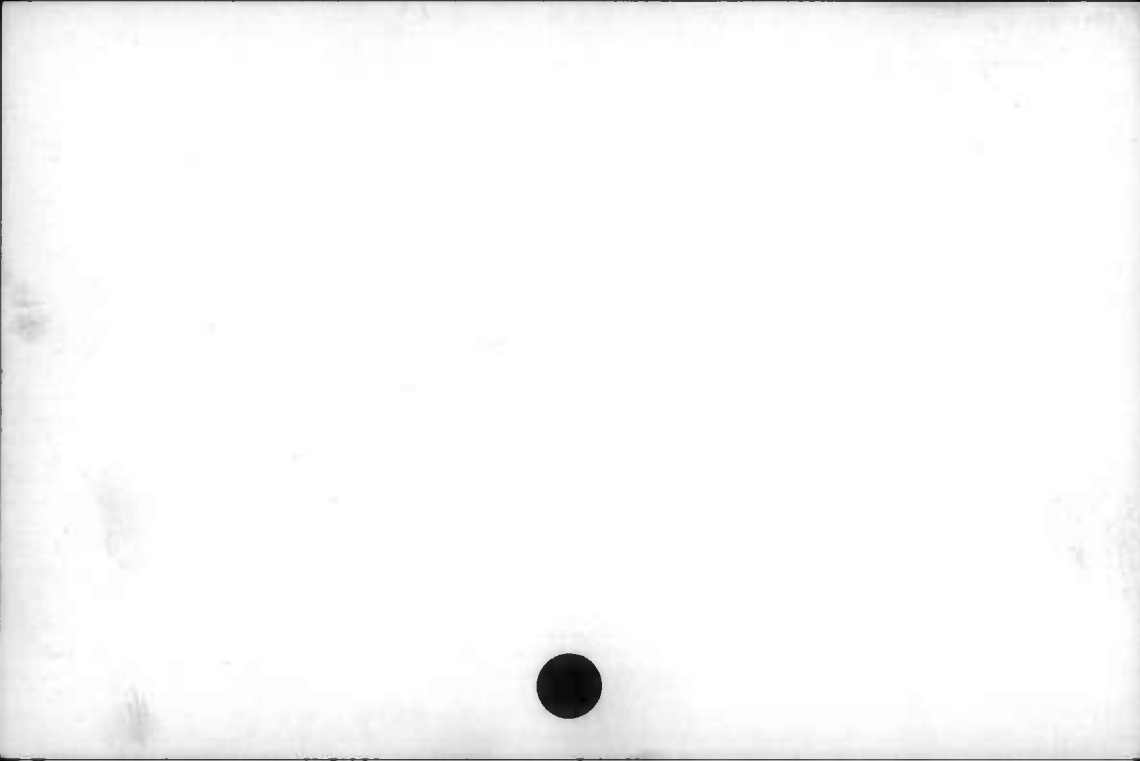
Immediate uremic coma How long 2 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician J. L. Hopkin

Address Havre de Grace

Accident or Suicide — no



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John S Gley* Town *Po* County *Harford*  
Died at *Street*  
Date of death *1900* Month *April* Day *20* Age *63* Years *6* Months *20* Days  
Sex *Male* Color or Race *White* Birth-place *Ind.*  
Occupation *Farmer* Where Residing if not at place of death *Street and*  
Married, Single or Widowed *married* Name of Wife or Husband *Elizabeth Gley*  
Father's Name *Jacob Gley* Father's Birthplace *Improun*  
Mother's Maiden Name *Miss Rector* Mother's Birthplace *Ind.*  
Name of person giving Information *Joe Gley* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Pleurisy & Pneumonia* How long *6 weeks*  
Immediate

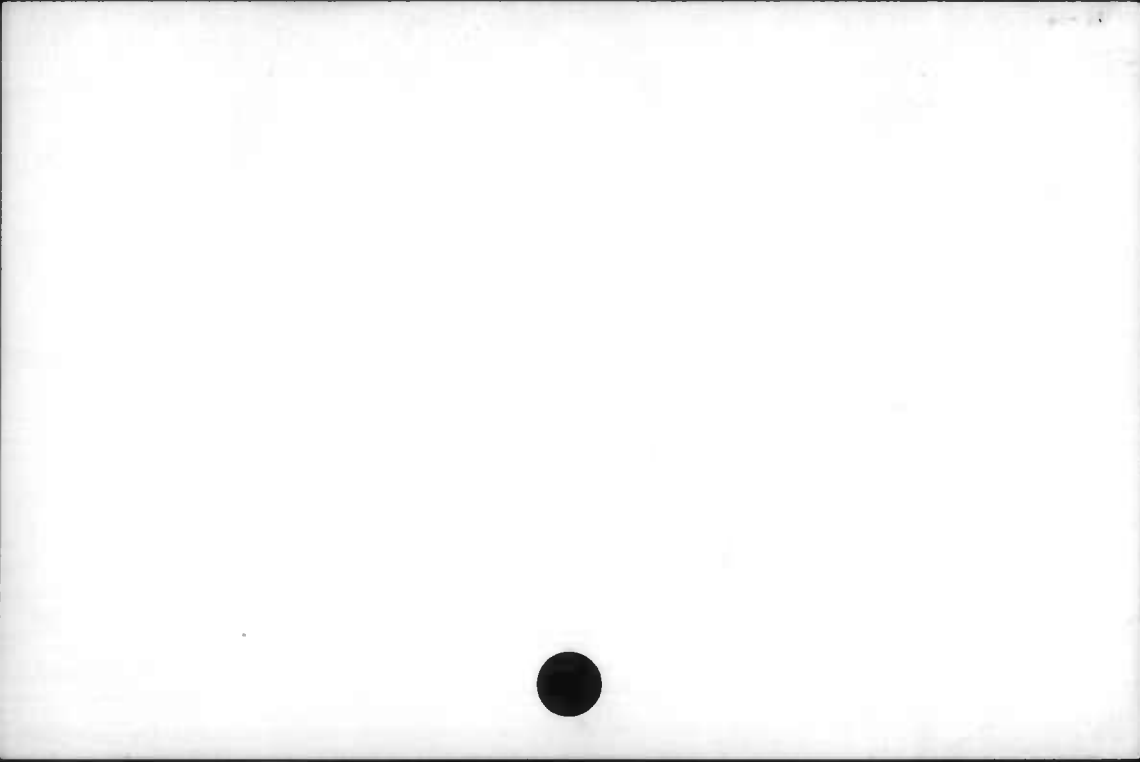
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

Annie Johnson

Died at Forest Hill Hayward MARYLAND

Date of death 1900 Apr 24 Age 68

Sex Female Color or Race Black Birth-place Ind.

Occupation none Where Residing if not at place of death Forest Hill Ind.

Married, Single or Widowed Single Name of Wife or Husband Samuel Johnson

Father's Name Robert Johnson Father's Birthplace Ind.

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information Agnes Stewart How related to deceased Daughter

CAUSES OF DEATH

Primary Broncho-pneumonia How long 1 week

Immediate Syncope How long a few hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician A. F. Van Dillen M.D.

Address Tal air

Accident or Suicide No Md.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fairbairns



Name  
in  
Full

James H. Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

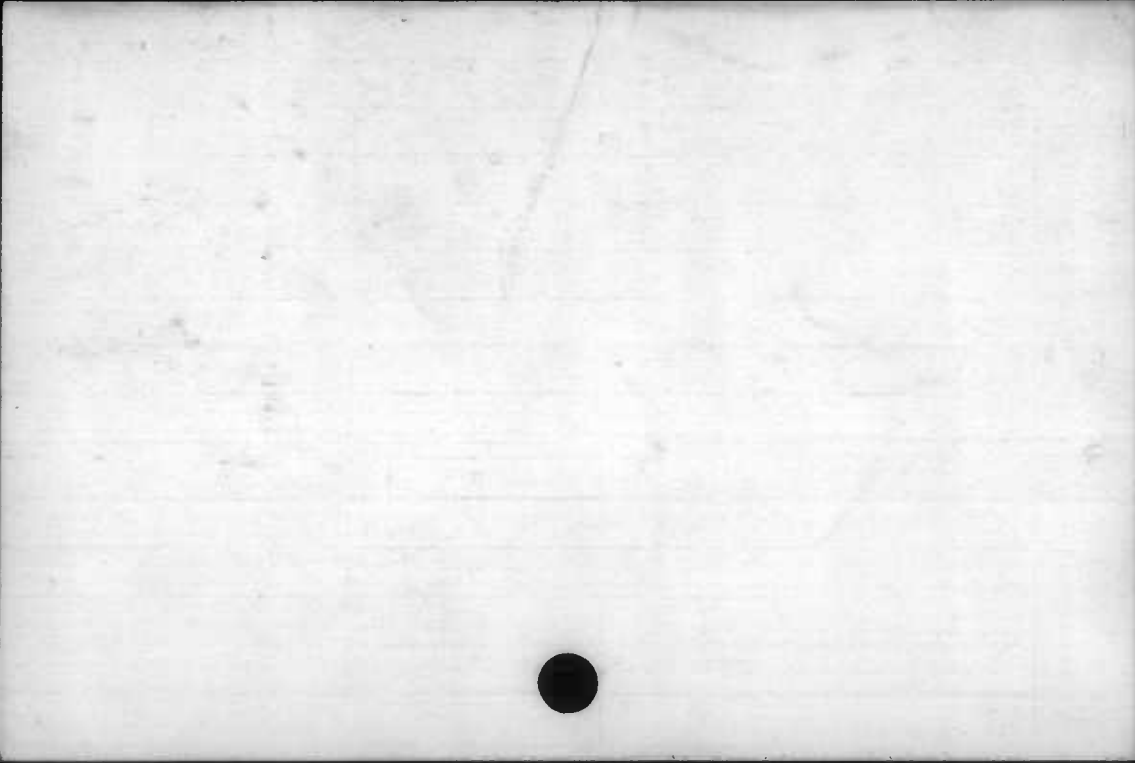
Died at <u>Churchville</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>10</u>	Month <u>April</u>	Day <u>30</u>	Age <u>65</u> <sup>Years</sup>	Months <u>9</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>Harford Co.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Elizabeth Johnson</u>					
Father's Name <u>Shadrach Johnson</u>			Father's Birthplace <u>Harford Co.</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace		
Name of person giving information <u>Eugene Johnson</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Bright's disease</u>	How long	<u>Two years</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>William V. Archer</u>	
		Address <u>Beth Air Md</u>	
<u>Accident or Suicide?</u>			



Name  
in  
Full

Ellen Cornelia Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cardiff Town Harford County

Date of death 1900 Month Apr Day 26 Age 4 Years Months 2 Days 13

Sex Female Color or Race white Birth-place Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
~~or Widowed~~

Name of Wife or  
Husband \_\_\_\_\_

Father's  
Name

Samuel J. Jones

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Ida E. Perry

Mother's  
Birthplace

Md.

Name of person giving  
Information

Samuel J. Jones

How related  
to deceased

Father

## CAUSES OF DEATH

61 ✓

PHYSICIAN  
OR CORONER

Primary

Meningitis

How long

One week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

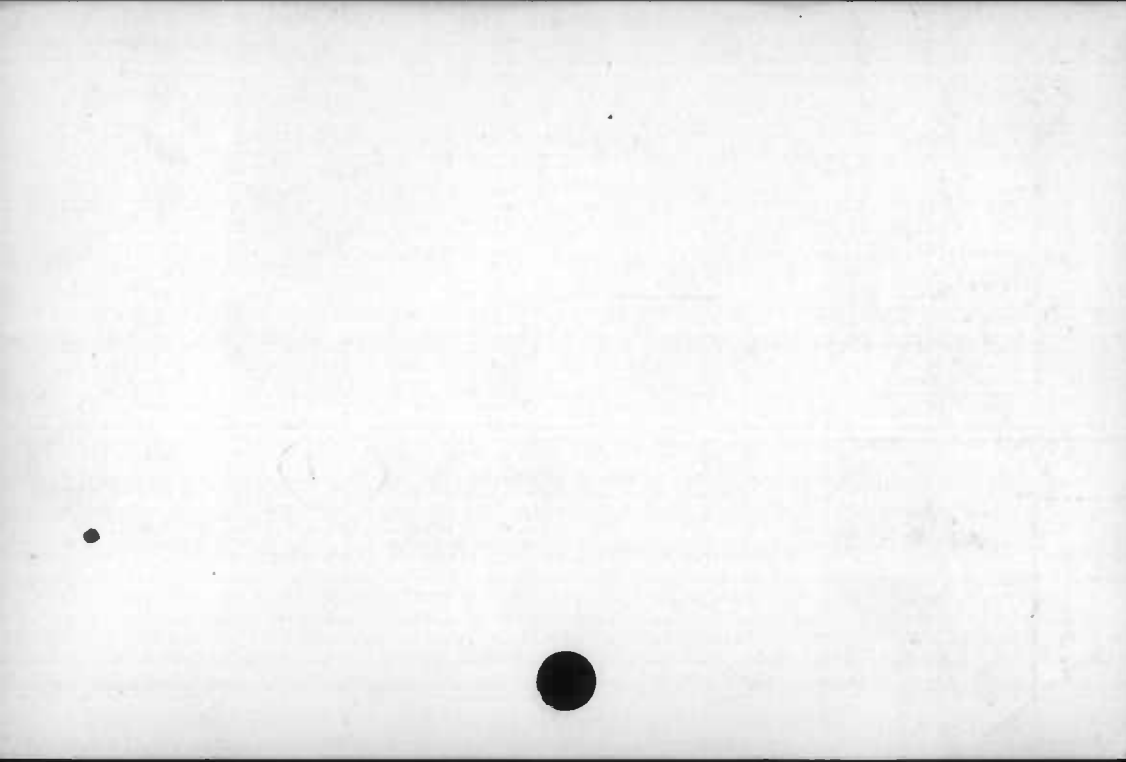
D. H. E. Arthur

Address

Cardiff Md

Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary J. Kelly</i>		Town <i>Harrods de Grace</i>	County <i>Harford Co</i>	MARYLAND	
Died at <i>Harrods de Grace</i>		Month <i>April</i>	Day <i>18<sup>th</sup></i>	Year <i>1960</i>	Age <i>83</i>
Date of death <i>1960 April 18<sup>th</sup></i>		Months <i>2</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bristol Pa</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Kelly</i>			
Father's Name <i>Joseph Cooper</i>		Father's Birthplace <i>Beick Co Pa</i>			
Mother's Maiden Name <i>Rebecca Small</i>		Mother's Birthplace <i>New Jersey</i>			
Name of person giving Information <i>Ed Kelly</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary *Hardening of limbs*

Immediate *"*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Catherine Kennedy

Town

County

MARYLAND

Died at Upper X Roads

Harford

Date  
of death

1980 April 11

Day

Age

72

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Housewife

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Widow

Name of Wife or  
Huaband

Joseph Kennedy

Fathar's  
Name

Robert Norman

Father's  
Birthplace

Ireland

Mothar's  
Maiden Name

Ann Dunn

Mothar's  
Birthplace

Ireland

Name of person giving  
Information

J. Francis Kennedy

How related  
to deceased

Son

## CAUSES OF DEATH

154 ✓

Primary

Severe Debility hastened by Paralysis

How long

14 months

Immediata

Cardiac Failure

How long

Are the name, age, sex, color, data  
and plea correctly given above?

Yes

Signature of  
PhysicianF. E. Rigdon M.D.  
Jarrettsville  
Ind.

Address

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Abraham S. McGuigan</i>		Town <i>Oyleville</i>		County <i>Harford</i>		State <i>MARYLAND</i>	
Died at <i>Oyleville</i>		Month <i>April</i>		Day <i>27</i>		Years <i>77</i>	
Date of death <i>1900 April 27</i>		Age <i>77</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Pa.</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Oyleville.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A McGuigan</i>					
Father's Name <i>John McGuigan</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Martha Hess</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving Information <i>Mary McGuigan</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Heart disease</i>	How long <i>2 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. B. Farrow</i>
	Address <i>Street Md.</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

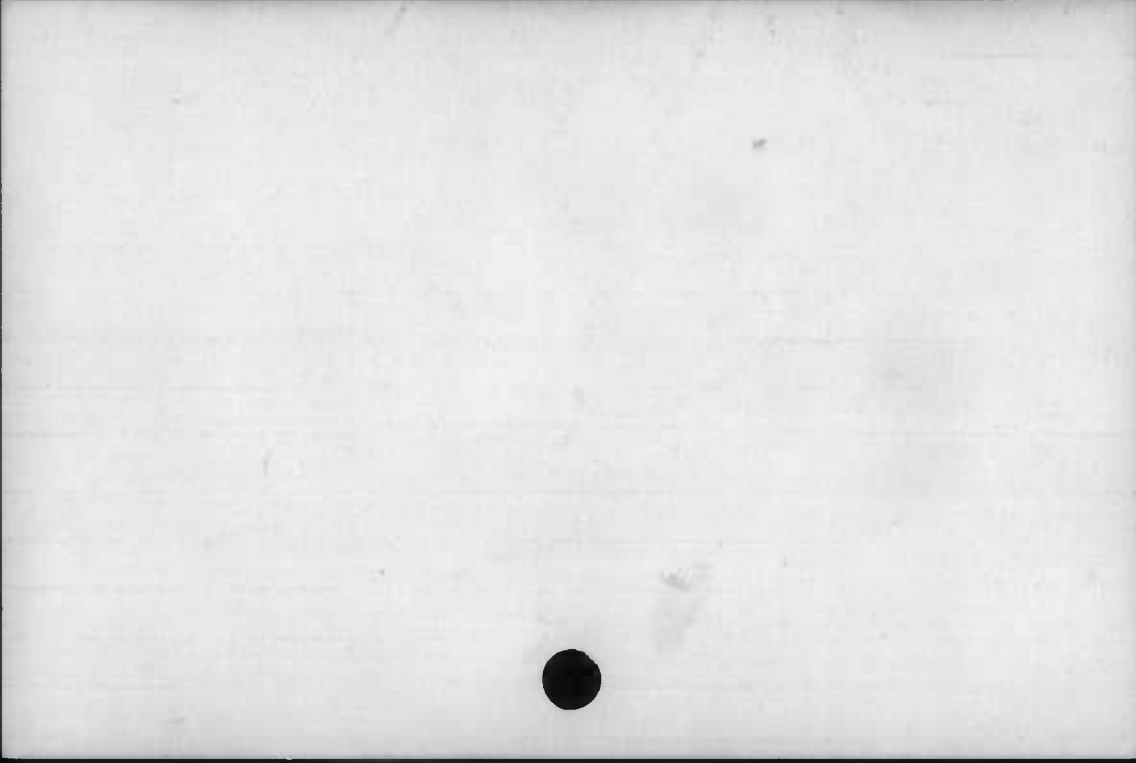
Name in Full <i>John H. McCully</i>		Town <i>Barre de Grace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Barre de Grace</i>		Month <i>April</i>		Day <i>14</i>		Age <i>65</i>	
Date of death <i>1910</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>H. de G.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie V. McCully</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>John McCully</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>age</i>	How long <i>—</i>
Immediate <i>Paralysis</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Barre de Grace Md</i>
Accident or Suicide?	



Name  
in  
Full

Bevil Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

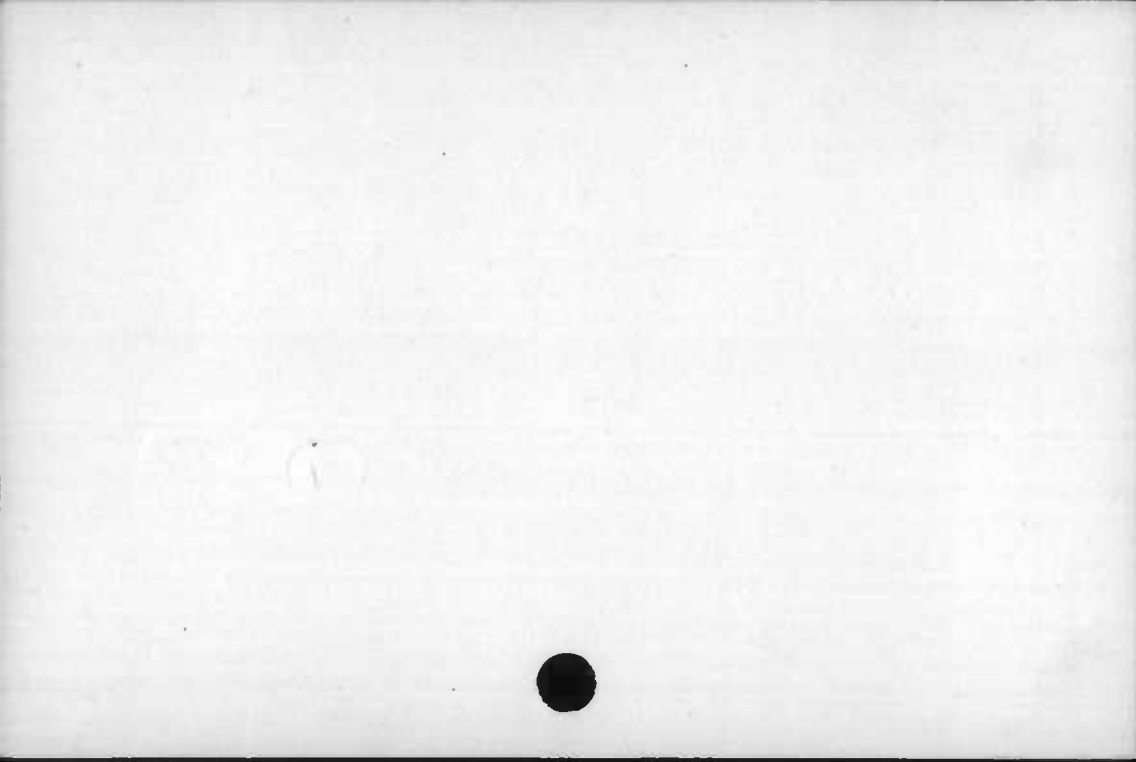
Died at <u>Dublin</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1900	Month	Apr.	Day	21 <sup>st</sup>
Sex	Male	Color or Race	White	Age	14
Occupation			Birth-place	Harford Co.,	Months
			Days 18		
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Wm. H. Morris</u>		Father's Birthplace	
Mother's Maiden Name		<u>Annie Bantler</u>		Mother's Birthplace	
Name of person giving information		<u>Wm. H. Morris</u>		How related to deceased	
				Father	

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>14 days.</u>
Immediate	<u>Paralysis of Heart</u>	How long	.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		<u>J. H. Tobias</u>	
		Address	
		<u>Darlington, Md.</u>	
Accident or Suicide?			



Name  
in  
Full

David Leonard Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Dublin Town

Stanford County

Date of death 1900 Apr. Month

3 <sup>Day</sup>

Age 4 <sup>Years</sup>

Months

19 Days

Sex Male

Color or  
Race

White

Birth-  
place

Dublin Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wm. H. Morris

Father's  
Birthplace

Dublin Md.

Mother's  
Maiden Name

Annie Cantler

Mother's  
Birthplace

Hopewell Md.

Name of person giving  
Information

W. H. Morris

How related  
to deceased

Father

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Membranous Bronch.

How long

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

J. H. Morris

Address

Darlington, Md.

Accident or Suicide?

(1)





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jesse Norris*

Town *Belair* County *Harford* MARYLAND

Died at *Belair*

Date of death 19*40* Month *April* Day *18<sup>th</sup>* Age *83* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Harford Co Md*

Occupation *Laborer* Where Residing if not at place of death *Belair Md*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *May Norris*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Sarah Turner* Mother's Birthplace *Unknown*

Name of person giving Information *May Norris* How related to deceased *Wife*

CAUSES OF DEATH

199

PHYSICIAN  
OR CORONER

Primary *Don't know* How long *199*

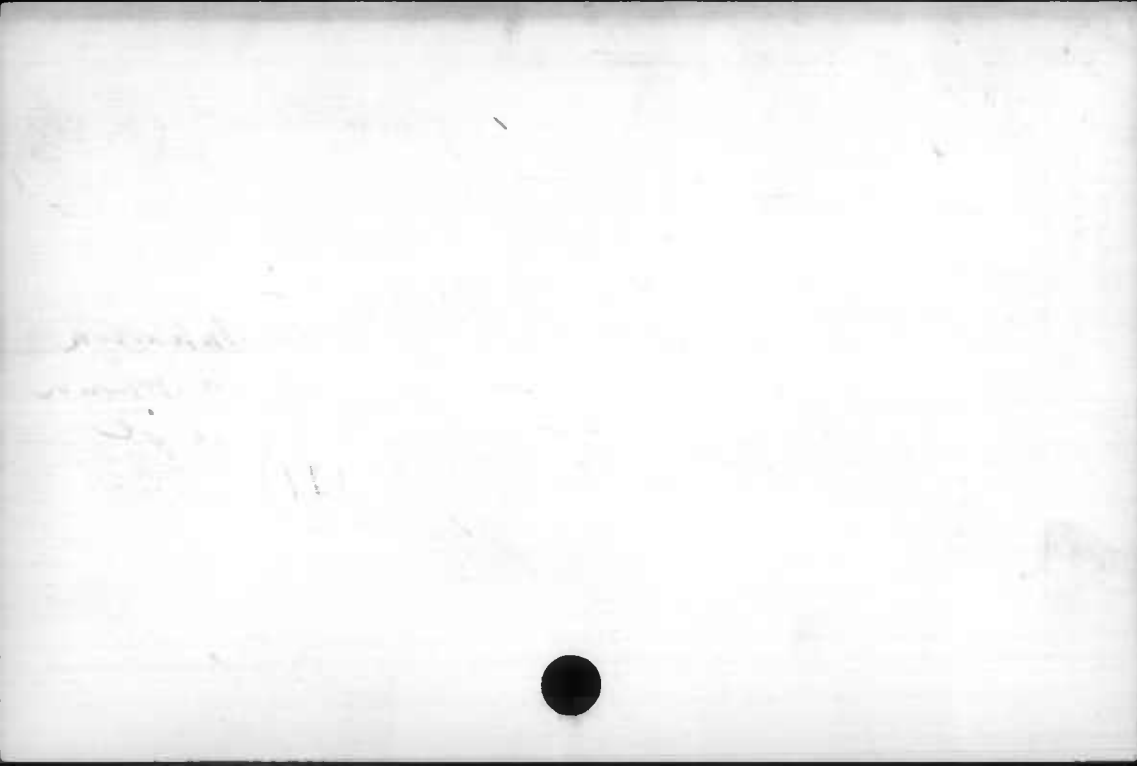
Immediate *Don't know.* How long *—*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *R. S. Peep*

Address *Bel Air.*

Accident or Suicide *Did not see person since the winter*



Name  
in  
Full

Mabel L. Peterson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Bel Air <sup>County</sup> Harford MARYLAND

Date of death 1940 Apr 18 Age 22 Months 7 Days

Sex Female Color or Race White Birth-place Ind.

Occupation House wife Where Residing if not at place of death Bel Air Ind.

Married, Single or Widowed Married Name of Wife or Husband Bentley J. Peterson

Father's Name E. Seymour Tucker Father's Birthplace Ind.

Mother's Maiden Name Susie R. Jones Mother's Birthplace Ind.

Name of person giving information E. Seymour Tucker How related to deceased Father

## CAUSES OF DEATH

Primary Placental Syphilis How long ?

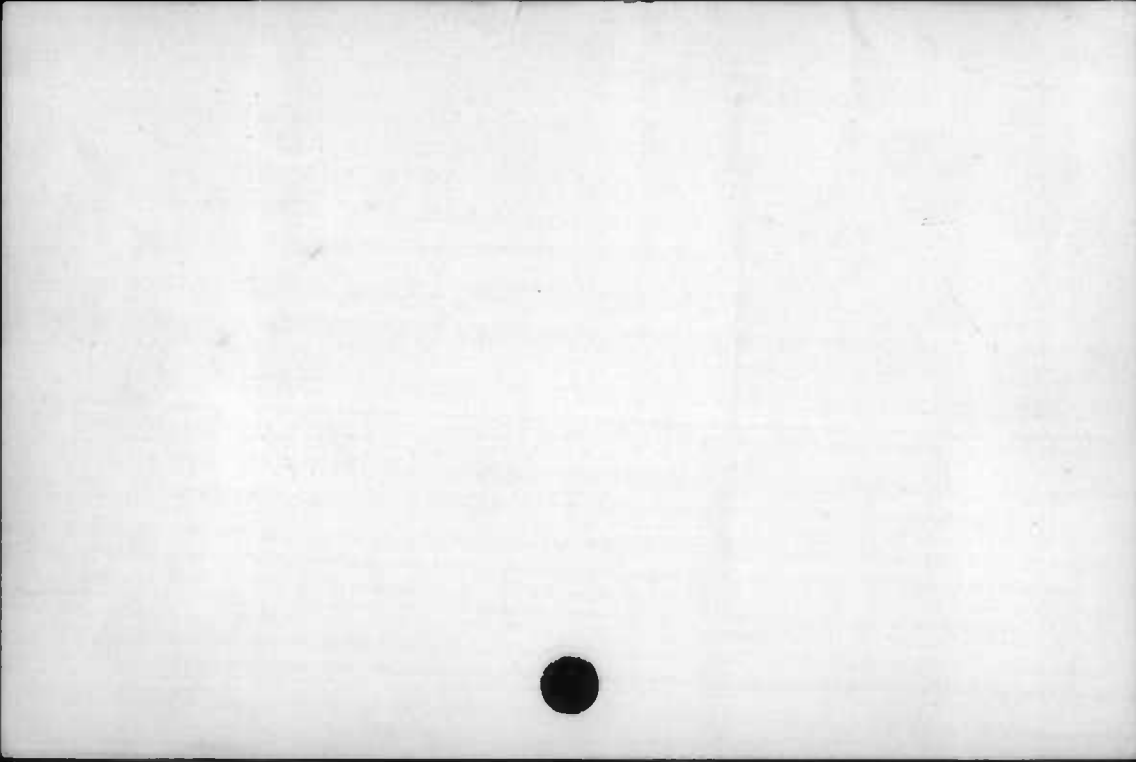
Immediate Chloroform Narcosis How long Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Russell D. Dapping

Address Bel Air.

Accident or Suicide?



Name  
in  
Full

Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bel Air	County Harford		MARYLAND	
Date of death		Month April	Day Unknown	Years Age	Months	Days
Sex		male	Color or Race		white	
Occupation		none		Birth-place		Bel Air, Md.
Married, Single or Widowed		single		Where Residing if not at place of death		
Father's Name		Bentley Peterson		Father's Birthplace		Harford Co., Md.
Mother's Maiden Name		Habel Tucker		Mother's Birthplace		Harford Co., Md.
Name of person giving Information		A. F. Van Bibber, M.D.		How related to deceased		Not at all

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown (Born dead - April 17 - 1910)	How long	unknown
Immediate	Died about 3 weeks before birth	How long	unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. F. Van Bibber, M.D.
		Address	Bel Air Md.
Accident or Suicide	No		

Centri Church

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alice Riley* Town *Pleasantville* County *Harford*

Died at *Pleasantville* *Harford* *MARYLAND*

Date of death 19*10* Month *April* Day *10* Age *74* Years *8* Months *8* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *Housekeeping* Where residing if not at place of death *Md.*

Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Patrick Riley*

Father's Name *James Hanlon* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Casey* Mother's Birthplace *Ireland*

Name of person giving Information *J. A. Riley* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Nervous prostration* How long *90* *10 days*

Immediate *Acute Bronchitis* How long *One week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo W Davis M.D.* Address *Pleasantville Md.*

Accident or Suicide *8*

100-1000



Name  
in  
Full

CERTIFICATE OF DEATH

John Sharghnessy

Died at *Bel Air* Town *Harford* County *MARYLAND*

Date of death *1980 Apr 2* Age *84*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death *Forest Hill*

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Thelma*

Father's Name *John Sharghnessy* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Belarns* Mother's Birthplace *"*

Name of person giving Information *Mary Flannery* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Valvular disease of heart* How long *several years*

Immediate

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *William J. Archer*

Address *Bel Air Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hickory

Name  
in  
Full

Chas. H. Shears

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Date of death	1960	Month <i>Apr.</i>	Day <i>4</i>	Age	<i>41</i>	Months <i>3</i>	Days <i>23</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Harford Co. Md.</i>
Occupation	<i>Horse Jockey</i>			Where Residing if not at place of death _____			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Julia Farnous</i>			
Father's Name	<i>Benj. Shears</i>				Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Amanda Moore</i>				Mother's Birthplace	<i>Harford Co. Md.</i>	
Name of person giving Information	<i>Julia Shears</i>				How related to deceased	<i>wf</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. H. Smith</i>	
Accident or Suicide		Address	
<i>_____</i>		<i>Aberdeen, Md.</i>	

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(28)



Name  
in  
Full

Emma Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Carvers Run		Stanford		MARYLAND	
Date of death		1910	Month 4 -	Day 6	Age	Years 4	Months
Sex		Male	Color or Race		Black	Birthplace	
Occupation				Where Residing if not at place of death		Carvers Run	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Smith		Father's Birthplace		Churchville	
Mother's Maiden Name		Carrie Cooper		Mother's Birthplace		Churchville	
Name of person giving Information		John Smith		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Postmortem	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		T. H. Roberts	
		Address	
		Churchville	
Accident or Suicide			

Bury at Asbury, Cemetery  
apr. 7/10

Name  
Full

George W Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belair</i> Town		<i>Hofad</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>April</i>	Day <i>5</i>	Age <i>39</i> Years	<i>1</i> Months	<i>5</i> Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Belair</i>		
Occupation <i>Leabor</i>			Where Residing if not at place of death <i>Belair</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>/</i>			
Father's Name <i>George Smith</i>			Father's Birthplace <i>Belair</i>		
Mother's Maiden Name <i>Harriet Smith</i>			Mother's Birthplace <i>Burlington</i>		
Name of person giving information <i>Hannah Snowden</i>			How related to deceased <i>Aunt</i>		

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	
Immediate	<i>Hemorrhage of Lungs.</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Chas. Richardson</i>	
<i>2 a</i>		Address <i>Belair Md</i>	
Accident or Suicide?			

Kenyon Heise



Name  
in  
Full

Hyland W. Smith.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

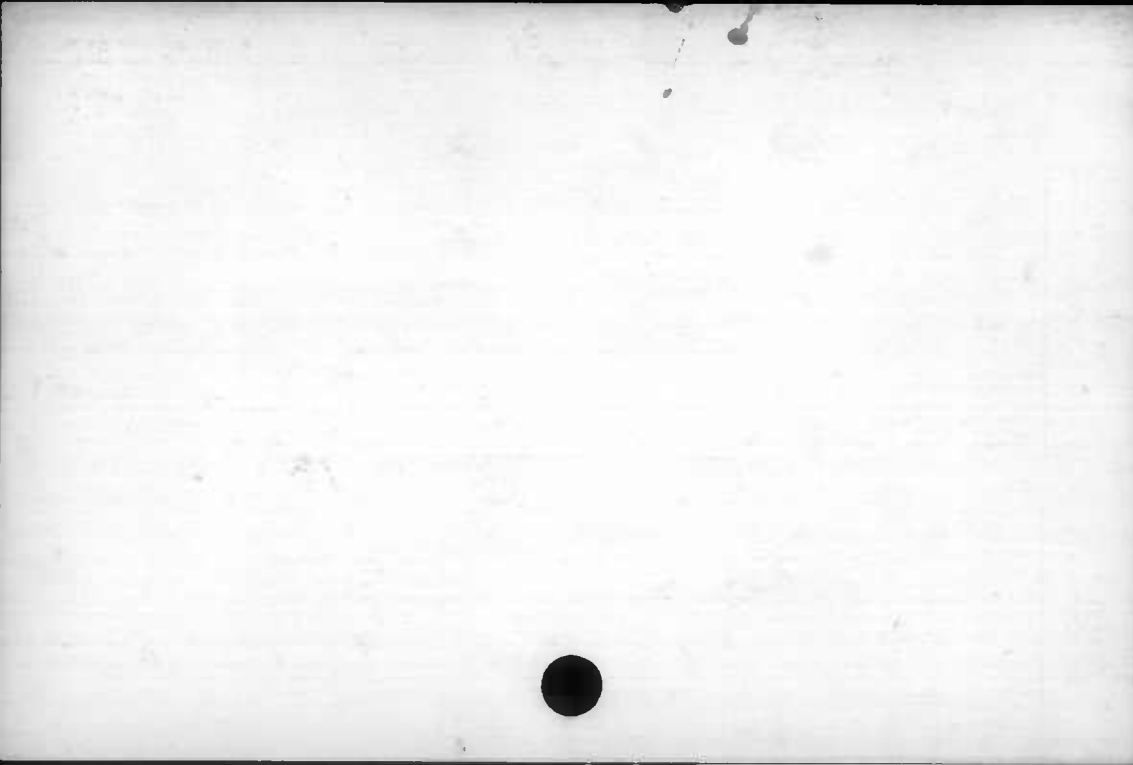
Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death		1990	Month April	Day 29	Age 16	Months —	Days 14
Sex Male		Color or Race Black		Birth-place Anarundel City, Md			
Occupation None		Where Residing if not at place of death Harrods Grace					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name William H. Smith		Father's Birthplace Balto, Md					
Mother's Maiden Name Georganna Rutter		Mother's Birthplace Annapolis, Md					
Name of person giving Information Georganna Smith		How related to deceased Mother					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Lobar Pneumonia		How long	8 days
Immediate	Myo Carditis		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. W. Steiner	
			Address Harrods & Grier, Md	
Accident or Suicide				



Name  
in  
Full

Elizabeth Spencer

CERTIFICATE OF DEATH

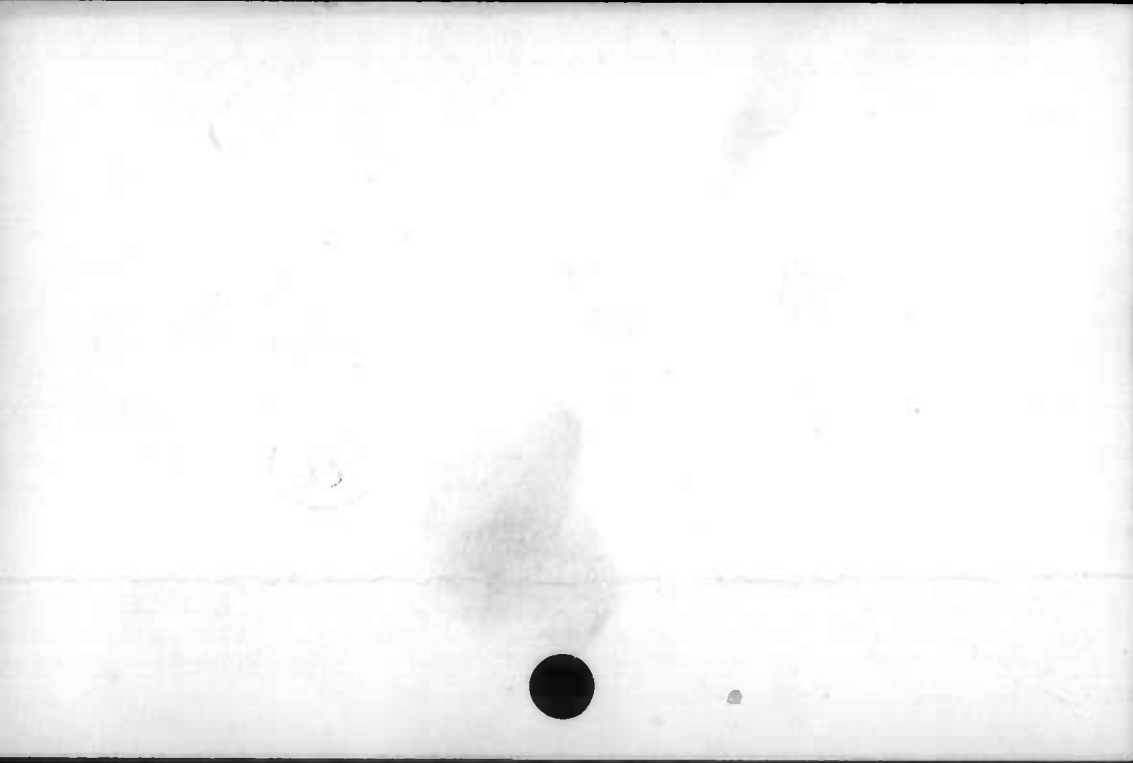
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lapidum <sup>Town</sup> Stafford <sup>County</sup>  
 Date of death 1980 <sup>Month</sup> Apr <sup>Day</sup> 13 <sup>Years</sup> Age Months Days  
 Sex Female Color or Race White Birth-place Maryland  
 Occupation Housework Where Residing if not at place of death Same  
 Marriad, Single or Widowed widow Name of Wife or Husband Jarrett Spencer  
 Father's Name Joseph Herbert Father's Birthplace Maryland  
 Mother's Maiden Name Ava Ward Mother's Birthplace Virginia  
 Name of parson giving Information Elizabeth Donahoe How related to deceased Granddaughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 6 weeks  
 Immediate Heart failure How long 4 days  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician J L Hopkins  
 Address Waverly Grove  
 Accident or Suicidal no



Name  
in  
Full

Mary A Spencer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mountain Town Hartford County MARYLAND

Date of death 1980 Month April Day 15<sup>th</sup> Age 69 Years 4 Months 7 Days

Sex Female Color or Race Caucasian Birth-place Maryland

Occupation Housewife house worker Where Residing if not at place of death Same

Married, Single or Widowed Widow Name of Wife or Husband David Spencer

Father's Name Aaron Johnson Father's Birthplace Hopkins Md

Mother's Maiden Name Elizabeth Talbot Mother's Birthplace " " "

Name of person giving information Aaron Spencer How related to deceased son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

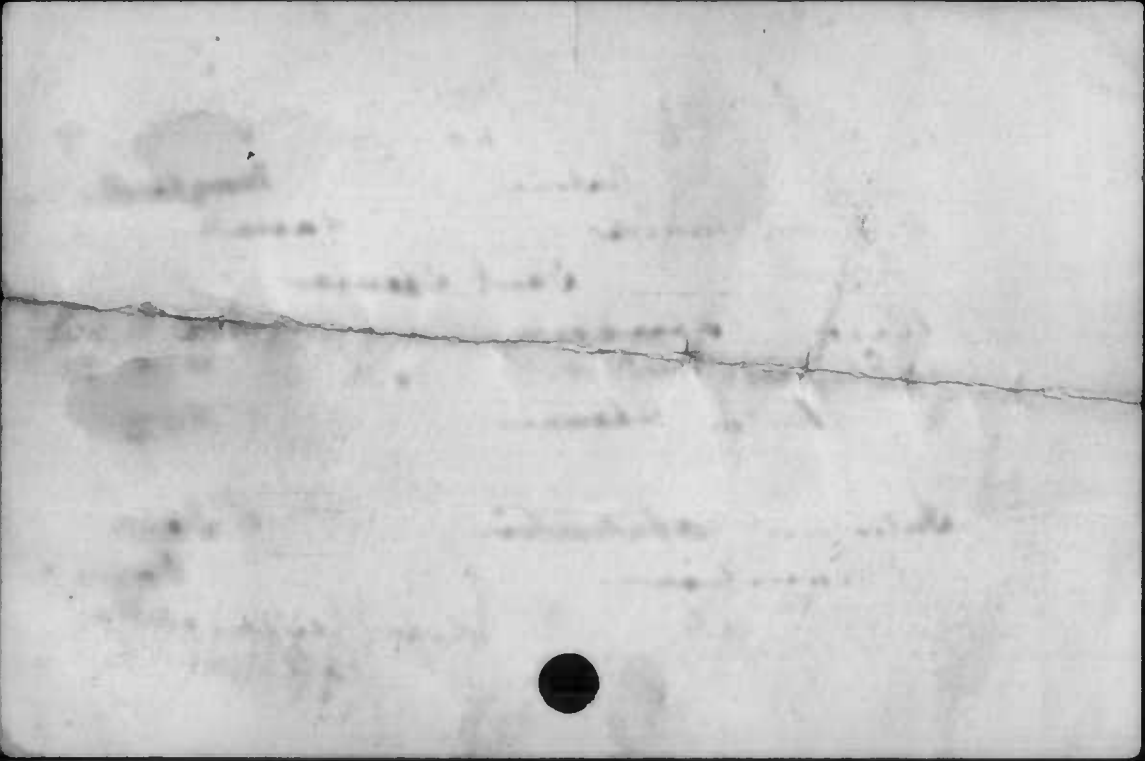
Primary Intestinal obstruction How long 4 days

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. B. Meyer M.D.

Address Jaffee Md

Accident or Suicide? No



Name  
in  
Full

Lucy Kilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
		Perryman		Hartford		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		April	26	43	—	—	
Sex		Color or Race		Birth-place			
Female		Black		Baltimore			
Occupation		Where Residing if not at place of death					
Housewife		Perryman					
Married, Single or Widowed		Name of Wife or Husband					
Married		Charles Kilmer					
Father's Name		Father's Birthplace					
James Karne		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown Kilmer		Unknown					
Name of person giving Information		How related to deceased					
Charles		Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Cancer		45	
Immediate		How long	
Cancer at death		Several years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
No Dr. in attendance		Had been under	
Accident or Suicide		Severe	

I wrote to these people asking  
them to send me name of ~~the~~ Dr  
attending, but recd no reply.

W. A. C. S.



Name  
in  
Full

Claude Hille Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Berkeley* <sup>County</sup> *Harford*Date of death <sup>Month</sup> *1900* <sup>Day</sup> *Apr.* *30* <sup>Years</sup> *Age* *29* <sup>Months</sup> *6* <sup>Days</sup> *25*Sex *male* Color or Race *White* Birth-place *Oct. 3, 1880*Occupation *Miller* Where Residing if not at place of death *Edinburg Va*Married, *Single* Name of Wife or Husband *Estelle Andrew*Father's Name *J. Stewart Wilson* Father's Birthplace *—*Mother's Maiden Name *Hennietta Hille* Mother's Birthplace *—*Name of person giving information *Estelle Andrew Wilson* How related to deceased *Wife*

## CAUSES OF DEATH

77 V.

PHYSICIAN  
OR CORONERPrimary *Ch' valvular heart disease* How long *3 years*Immediate *acute attack pericarditis* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Ephr. Hopkins*Address *Darlington*Accident or Suicide? *no*

